

ONE HUNDRED FIFTEENTH CONGRESS

# Congress of the United States

## House of Representatives

### COMMITTEE ON ENERGY AND COMMERCE

2125 RAYBURN HOUSE OFFICE BUILDING

WASHINGTON, DC 20515-6115

Majority (202) 225-2927

Minority (202) 225-3641

June 21, 2018

Mr. Bill Welch  
Secretary  
Nevada Hospital Association  
5190 Neil Road  
Suite 400  
Reno, NV 89502

Dear Mr. Welch:

Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee on Energy and Commerce is continuing its investigation into the availability of sexual assault forensic exams at hospitals across the United States.

In 2016, the U.S. Government Accountability Office (GAO) published a report entitled "Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners." According to the GAO, a sexual assault forensic exam, also known as a "rape kit," may be performed by a specially trained Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), or by a medical professional that lacks SAFE training. However, rape kits collected by professionals with SAFE/SANE training ("SAFE rape kits") "may result in shortened exam time, better quality health care delivered to victims, higher quality forensic evidence collection, [and] better collaboration with the legal system and higher prosecution rates."<sup>1</sup> The GAO found that in each of the six states examined, the number of SANEs "does not meet the need for exams within their states."<sup>2</sup>

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<sup>1</sup> U.S. Gov't Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GAO -16-334 (March 2016), at 1-2.

<sup>2</sup> *Id.* at 23.



Not all hospitals employ SANEs or provide SAFE rape kits to patients,<sup>3</sup> and there are no federal requirements regarding the availability of SANEs in health care facilities.<sup>4</sup> According to the GAO, a Joint Commission accreditation standard requires that hospitals "establish policies for identifying and assessing possible victims of sexual assault and to train staff on those policies, [but] each hospital is responsible for determining the level of specificity of such policies, including the minimum level of training required of its medical staff that performs exams."<sup>5</sup> In other words, hospitals may simply choose not to provide these services.

Indeed, according to recent news reports, victims of sexual assault often have trouble obtaining a rape kit.<sup>6</sup> Moreover, GAO found that the lack of SANEs can be particularly acute in rural areas, where there may be just one SANE or one SANE program to serve multiple counties, and a patient may have to travel several hours to reach a facility that offers SAFE rape kits.<sup>7</sup> However, the issue is not isolated to rural areas.<sup>8</sup> In some metropolitan areas, including Washington, DC and Las Vegas, NV, there may be only one facility that provides SAFE rape kits.<sup>9</sup> As such, a rape victim must go to that specific hospital to get the most appropriate treatment.

Data on the availability of SANEs and SAFE rape kits nationwide is limited.<sup>10</sup> According to the Department of Justice, the most comprehensive database on SAFE facility locations is administered by the International Association of Forensic Nurses (IAFN). However, this database is based on self-reporting by facilities with SAFE programs, and as such, is incomplete. The IAFN database lists as few as two locations in some states, including Connecticut, Hawaii, Mississippi, South Dakota, and Wyoming. IAFN estimates that between 13 and 15 percent of hospitals in the United States provide SAFE rape kits. It is not clear what happens to a victim of

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<sup>3</sup> *What is a Rape Kit?*, RAINN, <https://www.rainn.org/articlesrape-kit>

<sup>4</sup> U.S. Gov't Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GA0-16-334 (March 2016), at 8.

<sup>5</sup> *Id.* at 9.

<sup>6</sup> *At least Half of Rape Victims in SC Aren't Seen by a Sexual Assault Nurse*, GREENVILLENEWS (July 20, 2017), <https://www.greenvilleanline.com/story/news/2017/07/20/sexual-assault-nurses-short-supply/492935001/>; *Lawmakers Want Easier Access to Rape Kits*, COLUMBIA BASIN HERALD (Jan. 29, 2018), [http://www.columbiabasinherald.com/local\\_news/20180129/lawmakers-want-easier-access-to-rape-kits](http://www.columbiabasinherald.com/local_news/20180129/lawmakers-want-easier-access-to-rape-kits); *Why Did It Take Nine Hours and Three Emergency Rooms For This Woman to Get a Rape Kit?*, COSMOPOLITAN, <http://www.cosmopolitan.com/politics/a58941/dinisha-ball-rape-kit-texas-emergency-room/>.

<sup>7</sup> U.S. Gov't Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GA0-16-334 (March 2016), at 23. See also, *You have to drive an hour for a rape kit in rural America*, The Washington Post, [https://www.washingtonpost.com/news/wnk/wp/2016/04/19/you-have-to-drive-an-hour-for-a-rape-kit-in-rural-america/?utm\\_term=.29e3af0fe722](https://www.washingtonpost.com/news/wnk/wp/2016/04/19/you-have-to-drive-an-hour-for-a-rape-kit-in-rural-america/?utm_term=.29e3af0fe722) (April 19, 2016); *Where Are The Rape Kit Nurses?*, New York Times, <https://www.nytimes.com/2017/06/20/opinion/rape-kit-nurses.html> (June 20, 2017).

<sup>8</sup> U.S. Gov't Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GA0-16-334 (March 2016), at 24.

<sup>9</sup> *Why Are There No Rape Kits at the George Washington University*, WJLA, <http://wjla.com/news/education/rape-kits-at-the-george-washington-university-9776> (March 25, 2011); *Where Are The Rape Kit Nurses?*, New York Times, <https://www.nytimes.com/2017/06/20/opinion/rape-kit-nurses.html> (June 20, 2017).

<sup>10</sup> U.S. Gov't Accountability Office, *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners*, GA0-16-334 (March 2016), at 21.

sexual assault if he or she visits one of the roughly 85 percent of hospitals that do not provide these vital services.

On March 13, 2018, the Committee sent letters to 15 hospitals across the United States inquiring about the availability of SANEs at each hospital. The responses varied widely. Several hospitals reported that SANEs were available within the hospital at all times. At the hospitals that do employ SANEs, the number of SANEs on staff ranged from 6 to 23. The reported costs of administering those SANE programs ranged from roughly \$158,000 to roughly \$220,000 annually. Several hospitals reported that SANEs were available on an on-call basis through a contract with a local SANE service or crisis center. Finally, several hospitals reported that they do not employ or contract with SANEs, and victims would be referred to a local crisis center. In such cases, the victim may be provided transport by the hospital, though at least one hospital reported that such transport could include providing a victim with a taxi voucher, and at least one hospital did not offer transport services for victims. The distance from the hospitals to those crisis centers ranged from 5 miles to more than 60 miles.

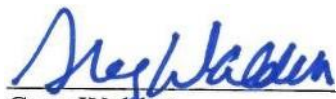
According to the IAFN database, your state has 2 locations with SANE programs. Pursuant to Rules X and XI of the U.S. House of Representatives, the Committee is interested in learning more about the Nevada Hospital Association's work with regard to the availability of sexual assault forensic exams at hospitals across Nevada. Please provide written answers to the following questions by July 5, 2018.

1. How many hospitals in Nevada is Nevada Hospital Association aware of that have a SANE program? **N/A**
2. Does Nevada Hospital Association maintain a database of hospitals and/or other entities across Nevada that have a SANE program? **N/A**
  - a. If so, is that database publicly available? **N/A**
3. What steps, if any, has the Nevada Hospital Association taken to increase access or address the lack of access to SAFE kits in hospitals across Nevada? **N/A**
  - a. Does Nevada Hospital Association partner with law enforcement agencies in any capacity to provide access to SAFE kits? **N/A**
4. What challenges has Nevada Hospital Association identified that hospitals face in providing access to these services? **N/A**
  - a. How is Nevada Hospital Association working with your hospitals to address those challenges? **N/A**
5. For hospitals in Nevada that do not have a SANE program, does Nevada Hospital Association provide guidance, standards, or best practices on how to treat patients that come to the hospital seeking a SAFE kit? **N/A**

- a. If so, what procedures are recommended? **N/A**
- b. If so, please provide copies of any such guidance, standards, or best practices.  
**N/A**
- c. Do the procedures vary for hospitals in rural and urban areas, or based on the availability of local alternatives, such as a rape crisis center? **N/A**

An attachment to this letter provides additional information about responding to the Committee's request. If you have any questions regarding this request, please contact Brighton Haslett with the Majority Committee staff at (202) 225-2927. Thank you for your prompt attention to this matter.

Sincerely,



Greg Walden  
Chairman



Gregg Harper  
Chairman  
Subcommittee on Oversight  
and Investigations

cc: The Honorable Frank Pallone, Jr., Ranking Member  
Committee on Energy and Commerce

The Honorable Diana DeGette, Ranking Member  
Subcommittee on Oversight and Investigations

Attachment

